



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
**HEALTH RELATED BOARDS**  
FIRST FLOOR, CORDELL HULL BUILDING  
425 FIFTH AVENUE NORTH  
NASHVILLE, TENNESSEE 37247-1010  
[www.state.tn.us/health/links.html](http://www.state.tn.us/health/links.html)

**TENNESSEE MEDICAL LABORATORY BOARD**  
**615-532-5126**

**WAIVED TESTING NOTIFICATION**

1. Sponsoring Clinical Laboratory, Licensed Health Care Facility, or Pharmacy:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Clinical Laboratory License Number, Health Care Facility License Number, or Pharmacy License Number: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

**(You must include a copy of current Tennessee facility license)**

2. Test(s) to be Performed (include test name and methodology):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Professional Classification(s) of Persons Performing Tests:

\_\_\_\_\_

4. Medical Laboratory Director or Physician Responsible for Testing:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Tennessee Medical License Number: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

**(You must include a copy of the supervising physician's current Tennessee medical license)**

Keep copy of document for your records.

I affirm that as Medical Laboratory Director or other physician, I am legally responsible for the clinical laboratory testing procedures listed in this notification. I am familiar with all Tennessee state laws and rules applicable to waived laboratory testing including personnel and supervisory requirements, and necessary training, quality control, and record keeping requirements.

\_\_\_\_\_, M.D.